

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
Michael Wetts  
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND  
YES ☒ NO ☐

-against-  
The City of New York  
Detective Jose Higgins  
Detective Santoro  
Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.  
-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ☒ ) No ( )
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Michael Wetts

Defendants:

The City of New York  
Detective Jose Higgins  
Detective Santoro

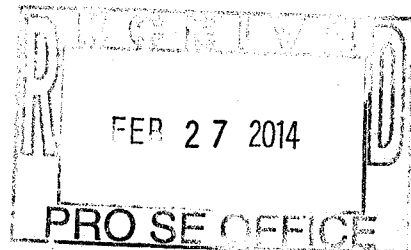
2. Court (if federal court, name the district;  
if state court, name the county)

3. Docket Number:

13 Civ. 5636 (PKG)(GWG)

1000 SONY  
ELECTRONICS  
ELECTRONICALLY FILED  
DATE FILED: 2/27/14

Amend Complaint  
#2



4. Name of the Judge to whom case was assigned: Gabriel W. Gorenstein
5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
Its still pending Amend Complaint
6. Approximate date of filing lawsuit: 7/13
7. Approximate date of disposition: N/A

II. Place of Present Confinement: OBCC 1600 Hazen Street

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No (☒)

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

D. If your answer is NO, explain why not I have complaints with the Civilian Complaint Review Board and the New York City Department of Investigation

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No (☒)

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Michael Wetts

Address

1600 Hazen Street, East Elmhurst, N.Y.  
11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

The City of New York

Defendant No. 2

Detective Jose Higo  
One Police Plaza Rm. 1100  
New York, N.Y. 10038

Defendant No. 3

Detective Santoro  
One Police Plaza Rm. 1100  
New York, N.Y. 10038

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

## IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

1. ON JANUARY 17, 2013 AT 405 THROPP AVE. 79<sup>th</sup> PRECINCT EXECUTED A SEARCH, WHICH IS THE RESIDENCE OF PLAINTIFF MICHAEL WATTS
2. DETECTIVE JANTONA INVOLVED IN THE SEARCH EXECUTION REPEATEDLY HIT PLAINTIFF IN THE HEAD WITH AN ASSAULT RIFLE, CAUSING INJURIES TO THE HEAD AND EAR.
3. UPON ARREST DETECTIVE HIGGS FAILED TO INVOICE MY KEYS FOR SAFE KEEPING IN THE PROPERTY ROOM OF THE PRECINCT BUT CHOSE TO GIVE THEM TO A THIRD PARTY WHICH RESULTED IN MY PROPERTY BEING STOLEN OUT OF MY HOUSE.
4. PLAINTIFF HAS EXHAUSTED EVERY AND ALL ADMINISTRATIVE REMEDIES BY BY WRITING COMPLAINTS OF INCIDENT TO BOTH THE CIVILIAN COMPLAINT REVIEW BOARD AND NEW YORK CITY DEPARTMENT OF INVESTIGATION.

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

5. ARRESTING OFFICERS WERE DELIBERATELY INDIFFERENT TO INJURIES SUSTAINED BY PLAINTIFF, IN WHICH PLAINTIFF HAD TO WAIT UNTIL HE GOT IN CUSTODY OF POLICE OFFICERS AT CENTRAL BOOKING BEFORE ADEQUATE MEDICAL ATTENTION WAS GIVEN BECAUSE ARRESTING OFFICERS HAD REFUSED TO DO SO. WHEREBY PLAINTIFF WAS TAKEN TO NEW YORK DOWNTOWN HOSPITAL WHERE IT WAS ESTABLISHED THAT PLAINTIFF SUFFERED CONTUSIONS AND HEMATOMAS. (SEE EXHIBITS A AND B)

(CONTINUED)

6. DURING SEARCH, MY HOUSE<sup>4</sup> AND CAR KEYS WERE REMOVED FROM MY PANTS POCKETS ALONG WITH MY MONEY. UPON REACHING THE 79<sup>th</sup> PRECINCT I ASKED FOR A VOUCHER/PROPERTY RECEIPT OF MY PROPERTY THAT WAS REMOVED FROM MY PERSON, AND WAS IGNORED. I LATER FOUND OUT WHILE INCARCERATED THAT MY HOUSE HAD BEEN ROBBED OF ITS VALUABLES AND MY CAR WAS MISSING/STOLEN DO TO THE POLICE OFFICERS NEGLIGENCE AND DELIBERATELY GIVING MY KEYS TO A PERSON I DID NOT AUTHORIZE TO POSSESS. (SEE EXHIBIT C) AND SUPREMO PHONE RECORDS FROM Rikers Island FOR MICHAEL WATTS CONVERSATIONS TO PHONE NUMBER #347-965-4385 FROM 1-18-13 TO 7-26-13 THAT BELONG TO COQUITA LEWIS.

## V. Relief:

State what relief you are seeking if you prevail on your complaint.

Judgment should be awarded in the amount of \$200,000.00 for the intentional infliction of assaultive behavior in violation of my constitutional rights to equal protection due process of the law [U.S.C.A. 6 and 14] and my eighth constitutional Amendment right against cruel and unusual punishment lost and damage to property due to negligence.

I declare under penalty of perjury that on 1/29/14, I delivered this  
(Date) Southern  
complaint to prison authorities to be mailed to the United States District Court for the ~~Eastern~~  
District of New York.

Signed this 29<sup>th</sup> day of JANUARY, 20 14. I declare under penalty of  
perjury that the foregoing is true and correct.

Mick Watts  
Signature of Plaintiff

OBCC  
Name of Prison Facility

1600 Hazen Street  
East Elmhurst, N.Y.  
11370  
Address

141-13-12340  
Prisoner ID#

M. 11-15-13  
10-10 Hazen St. (C-76)  
East Elmhurst, N.Y. 11370

13CV5636

DL

New York City Dept of Investigation  
P.O. Box 152  
Canal Street Station  
New York

TELEPHONE  
NEW YORK  
02 FEB 2013 PM 5



NIXIE 100 4E 1 01 05/13/13

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

\*2109-03938-02-40

Exhibit - C

1001930182



## Exhibit-C

Michael Watts #349-13-01202  
10-10 Hazen St. (C-76)  
East Elmhurst, N.Y.

April 29, 2013

11370

To whom this may concern

I'm writing this letter about a police incident that happen on Jan. 17, 2013 at the 79th precinct in Brooklyn when I was set up to be robbed by Loguito Lewis aided by her brother David Lewis and a N.Y.C. Police name Joe that worked that day in the 79th precinct. The police raided my house at 405 Throop ave. early that morning I rember the police removing my house and car keys from my pockets along with my money. I asked for a voucher for my keys and never received one. Shaniqua Maynor and Loguito Lewis had also been arrested with me that day. Some how Loguito Lewis ended up with a cell phone and called her brother David Lewis who robbed my house before her and Shaniqua Maynor was released. Some how the police had found out that Loguito

Exhibit-C

Lewis was making phone calls with out their assistance and moved her into a cell by the finger print machine a short while later I was moved also to a cell in that same room she asked to speak to a police officer by his first name that was working named Joe about 30 minutes later she came back telling Shountray that they were being released I wasn't able to make a call until I got to Brooklyn House that's when I found out from Shountray that my house had been robbed and by who later on about a week later or two later my car was stolen when the car was found Leguitta's Brother's girlfriend was driving it and got arrested then later on during a phone conversation via Rikers Island phone I found out that the police name Joe was a date of Leguitta Lewis since 18 yrs old and he was going to house the car she stole in his garage all this information can be backed up by actual phone conversations from Rikers Island.

Thank You,  
Mae Webb



ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# B346959

# NEW YORK DOWNTOWN HOSPITAL

New York Downtown Hospital  
Emergency Center  
83 Gold Street  
New York, NY 10038  
212-312-5070

## EXITCARE® PATIENT INFORMATION

Patient Name: MICHAEL ZZ WATTSAttending Caregiver: Yao, Tse-Hwa

## Bruise, Contusion, Hematoma

A bruise (*contusion*) or hematoma is a collection of blood under skin causing an area of discoloration. It is caused by an injury to blood vessels beneath the injured area with a release of blood into that area. As blood accumulates it is known as a hematoma. This collection of blood causes a blue to dark blue color. As the injury improves over days to weeks it turns to a yellowish color and then usually disappears completely over the same period of time. These generally resolve completely without problems. The hematoma rarely requires drainage.

### HOME CARE INSTRUCTIONS

- Apply ice to the injured area for 20 minutes four times a day for the first 48 hours. Place the ice in a plastic bag and place a towel between the bag of ice and your skin. Discontinue the ice if it causes pain.
- If bleeding is more than just a little, apply pressure to the area for at least thirty minutes to decrease the amount of bruising. Apply pressure and ice as your caregiver suggests.
- If the injury is on an extremity, elevation of that part may help to decrease pain and swelling. Wrapping with an ace or supportive wrap may also be helpful. If the bruise is on a lower extremity and is painful, crutches may be helpful for a couple days.
- If you have been given a tetanus shot because the skin was broken, your arm may get swollen, red and warm to touch at the shot site. This is a normal response to the medicine in the shot. If you did not receive a tetanus shot today because you did not recall when your last one was given, make sure to check with your caregiver's office and determine if one is needed. Generally for a "dirty" wound, you should receive a tetanus booster if you have not had one in the last five years. If you have a "clean" wound, you should receive a tetanus booster if you have not had one within the last ten years.

### SEEK MEDICAL CARE IF:

- You have pain not controlled with over the counter medications. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Do not use aspirin as it may cause bleeding.
- You develop increasing pain or swelling in the area of injury.
- An oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- You develop any problems which seem worse than the problems which brought you in.

### SEEK IMMEDIATE MEDICAL CARE IF:

- You develop severe pain in the area of the bruise out of proportion to the initial injury.
- The bruised area becomes red, tender, and swollen.

### MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

EXHIBIT-A

ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# 8346959

FOLLOW-UP INSTRUCTIONS

01-2 days: - ENT clinic (212)342-5000

ADDITIONAL NOTES AND INSTRUCTIONS

apply ice to area / take tylenol for pain as directed / augmentin 875mg 1 tab 2x a day for 7 days / if condition become worse, return to er / follow up with ENT clinic in 1-2 days for wound check

Document Released: 9/27/2006 Document Revised: 3/16/2010 Document Reviewed: 8/5/2009

New York Downtown Hospital Emergency Center • [www.downtownhospital.org](http://www.downtownhospital.org)

Exhibit-A

ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# 8346959

**NEW YORK  
DOWNTOWN  
HOSPITAL**

New York Downtown Hospital  
Emergency Center  
83 Gold Street  
New York, NY 10038  
212-312-5070

**EXITCARE® PATIENT INFORMATION  
DISCHARGE INSTRUCTION SUMMARY**

Patient/Visit Information:

Patient Name: MICHAEL ZZ WATTS	Discharge Date/Time: 1/18/2013 01:50:26 AM
Attending Caregiver: Yao.TseHwa	Diag:

Discharge Instruction Sheets Provided:

Bruise (Contusion, Hematoma)

Patient Instructions:

Additional Notes for Bruise (Contusion, Hematoma)

apply ice to area / take tylenol for pain as directed / augumentin 875mg 1 tab 2x a day for 7 days / if condition become worse  
return to er / follow up with ENT clinic in 1-2 days for wound check

Followup Appointments/Instructions:

Primary Follow-up information

01-2 days: - ENT clinic (212)342-5000

Exhibit-B

U.S. Department of Justice  
United States Marshals Service

Case 1:13-cv-05636-GWG Document 28 Filed 01/29/14 Page 12 of 10

**PROCESS RECEIPT AND RETURN**  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	<u>Michael Watts</u>	COURT CASE NUMBER	<u>13 CIV 5636 (PKG) (GWG)</u>
DEFENDANT	<u>Detective Santano</u>	TYPE OF PROCESS	<u>SEIZE</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>Detective Jose Higgins</u>		
	<u>ONE Police Plaza Rm. 1100, New York, N.Y. 10038</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<u>Michael Watts</u>		Number of process to be served with this Form - 285	
<u>1600 Hazen Street</u>		Number of parties to be served in this case	
<u>East Elmhurst, N.Y. 11370</u>		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator for requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

N/A

1/29/14

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)						
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service	Time am pm	
				Signature of U.S. Marshal or Deputy		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

Case 1:13-cv-05636-GWG Document 83 Filed 02/27/14 Page 15 of 14

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Michael Watts

COURT CASE NUMBER

13 Civ 5636 (PKG) (GWG)

DEFENDANT

Detective Jose Higgo

TYPE OF PROCESS

SERVE

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Detective Jose Higgo

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

ONE Police Plaza Rm. 1100, New York, N.Y. 10038

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Michael Watts  
1600 Hazen Street  
East Elmhurst, N.Y. 11370

Number of process to be  
served with this Form - 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time \_\_\_\_\_ am  
pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)



1. Netts #1413-12340  
1600 Hazan Street  
East Elmhurst, N.Y. 11370

PRO SE  
FEB 27 2014



United States District Court  
Southern District of New York  
500 Pearl Street  
New York, N.Y. 10007



UNITED STATES  
PITNEY BOWES  
02 1P  
\$001.610  
0001762214 FEB 26 2014  
MAILED FROM ZIP CODE 11355

Pro-Se Office